

DEBTOR: _____

INITIAL FINANCIAL REPORT

**CHAPTER 11
COVERSHEET**

CASE NO: _____

Date of Report

THIS REPORT IS DUE 20 DAYS AFTER THE PETITION FILING DATE

Mark One Box For Each
Required Document

Debtor must attach each of the following documents or a satisfactory explanation for failure to attach a document. File original with the Clerk of Court. Transmit a duplicate to the U.S. Trustee.

Document Attached	Previously Submitted	Explanation Attached	REQUIRED DOCUMENTS
[]	[]	[]	1. Latest Fiscal Year Financial Statements or Tax Returns.
[]	[]	[]	2. Balance Sheet as of Month End Immediately Preceding Filing or Appropriate Tax Return.
[]	[]	[]	3. Profit and Loss Statement For Month immediately Preceding Filing or Appropriate Tax Return.
			4. Proof of Insurance Coverage
[]	[]	[]	A. General Liability Coverage
[]	[]	[]	B. Property (Fire, Theft, etc.) Insurance
[]	[]	[]	C. Workers' Compensation Insurance
[]	[]	[]	D. Vehicle Insurance
[]	[]	[]	E. Other: _____
[]	[]	[]	5. Projected Revenue, Expenses, and Cash Flow for First 120 Days (or longer) of Post Petition Operations
			6. Name and Address of Financial Institution, Account Number and Sample Voided Check For Each Debtor in Possession Bank Account
[]	[]	[]	A. General Account
[]	[]	[]	B. Payroll Account
[]	[]	[]	C. Tax Account

I declare under penalty of perjury that the following Initial Financial Report, and any attachments thereto, is true and correct to the best of my knowledge and belief.

Executed on: _____

Debtor(s): _____

By _____

Position: _____

DEBTOR: _____

**MONTHLY FINANCIAL REPORT
CHAPTER 11**

CASE NO: _____

For Period _____ to _____, _____

COVER SHEET

Accounting Method Used: ☐ Accrual Basis ☐ Cash Basis

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH

Mark One Box For Each
Required Document

Debtor must attach each of the following reports/documents unless the U.S. Trustee has waived the requirement in writing. File the original with the Clerk of Court. Transmit a duplicate, with original signature, to the U.S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (Form 2-B)
<input type="checkbox"/>	<input type="checkbox"/>	Balance Sheet (Form 2-C)
<input type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (Form 2-D)
<input type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (Form 2-E)
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly Fee Summary (Form 2-F)
<input type="checkbox"/>	<input type="checkbox"/>	Narrative (Form 2-G)
<input type="checkbox"/>	<input type="checkbox"/>	Bank Statement(s) for Debtor in Possession Account(s)

I declare under penalty of perjury that the following Monthly Financial Report, and any attachments thereto, is true and correct to the best of my knowledge and belief.

Executed on: _____

Debtor(s): _____

By _____

Position: _____

DEBTOR: _____

CASE NO: _____

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period _____ to _____, _____

CASH RECONCILIATION

1. Beginning Cash Balance (Ending Cash Balance
from last month's report) \$ _____
2. Cash Receipts (from Cash Receipts Journal
on next page) \$ _____
3. Cash Disbursements (from Cash Disbursements
Journal on next page) (_____)
4. Net Cash Flow (line 2 minus line 3) _____
5. Ending Cash Balance (to Form 2-C) \$ _____

CASH SUMMARY - ENDING BALANCE

	Amount	Financial Institution
Petty Cash	\$ _____	_____
Regular Checking	_____	_____
Tax Account	_____	_____
Other Checking Accounts	_____	_____
Interest-Bearing Deposits	_____	_____
Short-Term Investments	_____	_____
TOTAL (must agree <u>with line 5</u> above)	\$ _____	

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period _____ to _____, _____

CASH RECEIPTS JOURNAL (attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

Total Cash Receipts (to line 2
of Cash Reconciliation,

\$ _____

CASH DISBURSEMENTS JOURNAL (attach additional sheets as necessary)

<u>Date</u>	<u>Check Nos.</u>	<u>Payee</u>	<u>Description (Purpose)</u>	<u>Amount</u>
-------------	-------------------	--------------	------------------------------	---------------

Total Cash Disbursements (from
line 3 of Cash Reconciliation)

\$ _____

DEBTOR: _____

CASE NO: _____

BALANCE SHEET - As of _____, _____

ASSETS

Current Assets:

Cash (from Form 2-B, line 5) \$ _____
Accounts Receivable (from Form 2-E) _____
Receivable from Officers, Employees, Affiliates _____
Inventory _____
Other Current Assets: _____

Total Current Assets \$ _____

Fixed Assets:

Land _____
Building _____
Equipment, Furniture and Fixtures _____
Total Fixed Assets _____
Less: Accumulated Depreciation (_____) _____
Net Fixed Assets _____

Other Long Term Assets: _____

TOTAL ASSETS _____

LIABILITIES

Post Petition Liabilities:

Accounts Payable (from Form 2-E) _____
Notes Payable _____
Rents and Leases Payable _____
Taxes Payable (from Form 2-E) _____
Accrued Interest _____
Other: _____

Total Post Petition Liabilities \$ _____

Pre-Petition Liabilities:

Priority Claims _____
Secured Debt _____
Unsecured Debt _____
Total Pre-Petition Liabilities _____
TOTAL LIABILITIES \$ _____

OWNERS' EQUITY

Capital Stock or Owners' Investment \$ _____
Paid-In Capital _____
Retained Earnings:
Pre Petition _____
Post Petition _____

TOTAL OWNERS' EQUITY \$ _____

TOTAL LIABILITIES AND OWNERS' EQUITY \$ _____

DEBTOR: _____

CASE NO: _____

PROFIT AND LOSS STATEMENT For Period _____ to _____, _____

Gross Operating Revenue	\$	_____	
Less: Discounts, Returns and Allowances		(_____)	
Net Operating Revenue	\$		_____
Cost of Goods Sold			_____
Gross Profit			_____
Operating Expenses:			
Salaries and Wages		_____	
Rents and Leases		_____	
Payroll Taxes		_____	
Other (list): _____		_____	

Total Operating Expenses			_____
Operating Income (Loss)			_____
Legal and Professional Fees			_____
Depreciation, Depletion and Amortization			_____
Interest Expense			_____
Net Operating Income (Loss)			_____
Non-Operating Income and Expenses			
Other Non-Operating (Expenses)		_____	
Gains (Losses) on Sale of Assets		_____	
Interest Income		_____	
Other Non-Operating Income		_____	
Net Non-Operating Income or (Expenses)			_____
Net Income (Loss) Before Income Taxes			_____
Federal and State Income Tax Expense (Benefit)			_____
NET INCOME (LOSS)	\$		=====

DEBTOR: _____

CASE NO: _____

SUPPORTING SCHEDULES**For Period _____ to _____, _____****POST-PETITION TAXES PAYABLE SCHEDULE**

	<u>Beginning Balance</u>	<u>Additions</u>	<u>Payments / Deposits</u>	<u>Date Paid</u>	<u>Check No.</u>	<u>Ending Balance</u>
Income Tax Withheld:						
Federal	\$ _____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
FICA Tax Withheld	_____	_____	_____	_____	_____	_____
Employer's FICA Tax	_____	_____	_____	_____	_____	_____
Unemployment Tax:						
Federal	_____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
Sales, Use & Excise Taxes	_____	_____	_____	_____	_____	_____
Property Taxes	_____	_____	_____	_____	_____	_____
Accrued Income Tax:						
Federal	_____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____	_____
TOTALS (Post Petition) (Ending Balance to Form 2-C)	\$ _____	_____	_____	_____	_____	_____

INSURANCE SCHEDULE

	<u>Carrier / Agent</u>	<u>Amount of Coverage</u>	<u>Policy Expiration Date</u>	<u>Premium Paid Through Date</u>
Workers' Compensation	_____	\$ _____	____/____/____	____/____/____
General Liability	_____	_____	____/____/____	____/____/____
Property (Fire, Theft)	_____	_____	____/____/____	____/____/____
Vehicle	_____	_____	____/____/____	____/____/____
Other (list):	_____	_____	____/____/____	____/____/____

SUPPORTING SCHEDULES**For Period _____ to _____, _____**

ACCOUNTS RECEIVABLE AND POST-PETITION PAYABLE AGING

<u>Due</u>	<u>Accounts Receivable</u>	<u>Post Petition Accounts Payable</u>
Under 30 days	\$ _____	\$ _____
30 to 60 days	_____	_____
61 to 90 days	_____	_____
91 to 120 days	_____	_____
Over 120 days	_____	_____
Total Post Petition	_____	XXXXXXXXXXXXXXXXXX
Pre Petition Amounts	_____	XXXXXXXXXXXXXXXXXX
Total Accounts Receivable	\$ _____	XXXXXXXXXXXXXXXXXX
Less: Bad Debt Reserve	(_____)	XXXXXXXXXXXXXXXXXX
Net Accounts Receivable (to Form 2-C)	\$ _____	XXXXXXXXXXXXXXXXXX
Total Post Petition Accounts Payable (to Form 2-C)		\$ _____

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	<u>Amount Paid</u>	<u>Date of Court Approval</u>	<u>Estimated Balance Due*</u>
Debtor's Counsel \$	_____	_____	\$ _____
Counsel for Unsecured Creditors' Committee	_____	_____	_____
Trustee's Counsel	_____	_____	_____
Accountant	_____	_____	_____
Other: _____	_____	_____	_____

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS / EXECUTIVES**

<u>Payee Name</u>	<u>Position</u>	<u>Nature of Payment</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director.

DEBTOR: _____

CASE NO: _____

QUARTERLY FEE SUMMARY⁽¹⁾**Month Ended** _____, _____

<u>Payment Date</u>	<u>Cash Disbursements⁽²⁾</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date</u>
January	_____			
February	_____			
March	_____			
TOTAL 1st Quarter	\$ _____	_____	_____	_____
April	_____			
May	_____			
June	_____			
TOTAL 2nd Quarter	\$ _____	_____	_____	_____
July	_____			
August	_____			
September	_____			
TOTAL 3rd Quarter	\$ _____	_____	_____	_____
October	_____			
November	_____			
December	_____			
TOTAL 4th Quarter	\$ _____	_____	_____	_____

(1) *This Summary is to reflect the current calendar year's information cumulative to the end of the reporting period.*

(2) *Should agree with line 3, FORM 2-B, Disbursements are net of transfers to other debtor in possession bank accounts.*

CHAPTER 11 QUARTERLY FEES

FEE SCHEDULE		
TOTAL QUARTERLY DISBURSEMENTS		QUARTERLY FEE
-0- to	\$ 14,999.00	\$ 250.00
\$ 15,000.00 to	\$ 74,999.00	500.00
75,000.00 to	149,999.00	750.00
150,000.00 to	224,999.00	1,250.00
225,000.00 to	299,999.00	1,500.00
300,000.00 to	999,999.00	3,750.00
1,000,000.00 to	1,999,999.00	5,000.00
2,000,000.00 to	2,999,999.00	7,500.00
3,000,000.00 to	4,999,999.00	8,000.00
5,000,000.00	or more	10,000.00

Failure to pay the quarterly fee is cause for conversion or dismissal of the Chapter 11 case [11 USC §1112(b)(10)].

Checks are to be made payable to The United States Trustee and mailed to the address set forth below. Fees are not to be mailed or delivered to the local Office of the United States Trustee. If any check is returned "unpaid" for any reason, all subsequent payments must be made by way of cashier's check, certified check, or money order.

To ensure proper credit, it is imperative that the debtor in possession and Chapter 11 Trustee write the case number on each check and remit the payment with the coupon provided with the quarterly billing. A separate check and coupon is required for each quarterly payment even if more than one quarterly fee is paid at the same time.

Send all payments to:

UNITED STATES TRUSTEE PAYMENT CENTER
P.O. Box 198246
Atlanta, GA 30384

CASE NO: _____

For Period _____ **to** _____, _____

[illegible]

